

Attorney Docket No.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Harukazu Fukami et al.

Group Art Unit: 1624

Application No.: 09/763,213

Examiner: Kahsay Habte, Ph.D.

Filing Date:

April 12, 2001

Confirmation No.: 3646

Title: QUINAZOLINE DERVATIVES AND PHARMACEUTICAL APPLICATIONS THEREOF

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

⊏nc	losed is a reply for the above-identified patent application.
X	A Petition for Extension of Time is also enclosed.
	Terminal Disclaimer(s) and the \$\infty\$\$ \$55.00 (2814) \$\infty\$\$ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. \(\) 1.20(d) are also enclosed.
×	Also enclosed is/are Exhibits 1-4.
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	Small entity status is hereby claimed.
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the
	\$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.
	Applicant(s) previously submitted
	on,
	for which continued examination is requested.
	Applicant(s) requests suspension of action by the Office until at least,
	which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also
	enclosed.

Attorney Docket No.	001560-390
Application No.	09/763,213

\times	No	additional	claim	fee	is	required.
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	An additional	claim fee is	s required, a	and is o	calculated	as shown	below.
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		A	MEN	ED CLA	MS		
	No. of Claims	Highe: of Cla Previo Paid	aims ously	Extra C	laims	Rate	Additional Fee
Total Claims	17	MINUS	23 =	0		x \$18.00 (1202) =	\$ 0.00
Independent Claims	MINUS	3 =	. 0		x \$88.00 (1201) =	\$ 0.00	
If Amendment adds n	nultiple depend	dent claim	s, add	\$300.00 (1	203)		
Total Claim Amendment Fee						\$ 0.00	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00		
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$ 0.00	

Ш	A check in the amount	of	_ is enclosed for the fee due.
	Charge	to Deposit Acco	unt No. 02-4800.
	Charge	to credit card. I	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: October 25, 2004

by Att

Susaň M. Dadio / Registration No. 40,373

